

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10760,378	RECEIVED CENTRAL FAX CENTER JUN 14 2005
	Filing Date	January 21, 2004	
	First Named Inventor	Dwight L. ADAMIC,	
	Art Unit	3671	
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	PAT 844-2

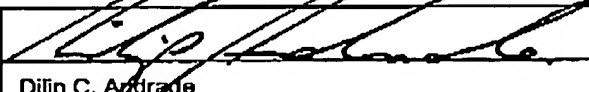
ENCLOSURES (Check all that apply)		
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Remarks Fax: 703-872-9306		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Borden Ladner Gervais LLP		
Signature			
Printed name	Dilip C. Andrade		
Date	June 14, 2005	Reg. No.	53,942

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Dilip C. Andrade	Date	June 14, 2005

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PTO/SB/83 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/760,378
Filing Date	January 21, 2004
First Named Inventor	Dwight L. ADAMIC,
Art Unit	3671
Examiner Name	
Attorney Docket Number	PAT 844-2

**RECEIVED
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JUN 14 2005

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 28123

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

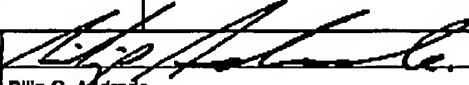
The reasons for this request are: Ownership of the application has changed, the new owner has requested transfer of the application to new representatives (specified below as the correspondent)

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

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<input checked="" type="checkbox"/>	Firm or Individual Name	Mr. Steven Schad ESCO Corporation			
Address		2141 Northwest 25th Avenue			
City		Portland	State	Oregon	Zip 97210
Country		UNITED STATES OF AMERICA			
Telephone				Email	
Signature					
Name		Dilip C. Andrade		Registration No.	53,942
Date		June 14, 2005		Telephone No.	(613) 237-5160

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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